

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT**

Form A  
 For use by Members, officers, and employees

Name: John Paul Kline, Jr.

Daytime Telephone: (202) 225-2211

**HAND DELIVERED** *MC*

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MD</u> District: <u>2</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	Termination Date:
Report Type	<input checked="" type="checkbox"/> Annual (May 17, 2010)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination		

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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## Source

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**For additional assets and unearned income, use next page**

## Continuation Sheet (if needed)

John Kline

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
SP, DC, JT	A None B \$1 - \$1,000 C \$1,001 - \$15,000 D \$15,001 - \$50,000 E \$50,001 - \$100,000 F \$100,001 - \$250,000 G \$250,001 - \$500,000 H \$500,001 - \$1,000,000 I \$1,000,001 - \$5,000,000 J \$5,000,001 - \$25,000,000 K \$25,000,001 - \$50,000,000 L Over \$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify)	I None II \$1 - \$200 III \$201 - \$1,000 IV \$1,001 - \$2,500 V \$2,501 - \$5,000 VI \$5,001 - \$15,000 VII \$15,001 - \$50,000 VIII \$50,001 - \$100,000 IX \$100,001 - \$1,000,000 X \$1,000,001 - \$5,000,000 XI Over \$5,000,000	E (Exchange) E (Exchange) E (Exchange)
SP Equitable Advantage Annuity	X	INTEREST	X	E (Exchange)
SP Jackson National Annuity (A)	X	INTEREST	X	E (Exchange)
SP Jackson National Annuity (B)	X	INTEREST	X	E (Exchange)
(Both annuities hold the same name*)				
SP Lincoln Annuity	X	INTEREST	X	E (Exchange)
Jackson National Annuity	X	INTEREST	X	E (Exchange)
ING Russia	X	INTEREST	X	E (Exchange)
SP Shegda Family Farm (534 acres, Hokanson, MN)	X	INTEREST	X	E (Exchange)
American Express Annuity	X	INTEREST	X	E (Exchange)

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**Capital Gains** — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

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a spouse or dependent child that is totally independent of his or her relationship to you.

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